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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Hints and Observations on Military Hygiene, relating to Diet, Dress, Exercise, Exposure, and the Best Means of Preventing and Curing Medical and Surgical Diseases in the Army.

By a Hospital Surgeon of Philadelphia.

(*Continued from page* 572.)

GUN-SHOT INJURIES OF THE HUMERUS.

These are to be divided into injuries of the shaft and of the articulating ends; those of the shoulder-joint are not rare, occurring from the head of the humerus being struck by bullets from before, from outwards or from behind, and also from inwards, the last penetrating near the coracoid process, and traversing the axilla; the brachial vessels and nerves usually escape, but this is not always the case, as in the report of the surgeons in charge of the wounded at "Bull Run," it stated that of the wounded of the First Minnesota (at Richmond) Regiment, Company F, Sergeant Harris, a musket-ball passed through the left shoulder, which was followed by almost complete paralysis of the arm; while five cases of musket-balls through the shoulder are all stated to have recovered but one; this last one no result is stated.* Bullets, according to Dr. Stromeyer, grazing the shoulder-joint often traverse a portion of the deltoid without opening the joint. Whether the articulation is opened or not, cannot always be determined by an examination of the wound, but is ultimately determined in the course of the case by inflammation arising in the joint. He states that this uncertainty in the diagnosis is of no great importance, as in either case antiphlogistic treatment must be employed, and injury of the capsular ligament calls for no special treatment. With care, the cure takes place by anchylosis after long-continued suppuration; but should the last prove dangerous to life, resection of the head of the humerus is to be performed. Extensive comminution of the head of the humerus does not necessarily demand resection, as a cure can occur by anchylosis, after the fragments loosened by suppuration are discharged; as, however, with the help of resection, the mobility of the arm can be preserved, it is preferable to undertake this operation at once, or after suppuration has been fully established. Dr. Stromeyer states that those cases are the most difficult when the shoulder-joint has been injured internally and inferiorly by a bullet entering in the axilla. Everything here depends upon deciding, in the fresh state of the wound, as to the extent of injury to the bone. A case occurred where the medical man in attendance supposed that injury of the ribs existed, and where, on the autopsy, it was found that the anterior costa of the scapula was split off, including a portion of the glenoid cavity, and that the head of the humerus was grazed. In this case, hemorrhage took place about the twelfth day, the subclavian was taken up, the bleeding recurred, and the patient died. Had the piece of the scapula been removed in the first instance, after the resection of the shoulder-joint, the case would have probably proved favorable. Resection of the entire body of the scapula has been performed with success in this country and in Europe. One of the most complete and interesting cases, occurring in this country, is given in the Reporter for Sept. 21, by an ingenious and skillful surgeon, Dr. A. G. Walter, of Pittsburgh, Pa. Such cases are highly creditable to the humane and accomplished surgeons of the present century.

* It is very gratifying to find our enemies testifying to the devotion of our surgeons, by night and day, to the sick and wounded.

If resection of the humerus is performed in the ordinary way, by an incision between the two tubercles of the head, it is not difficult of execution—the long tendon of the biceps is readily drawn aside by means of a hook, and the operation then proceeded with; but, after this operation, the secretion from the wound does not readily escape. Stromeyer, therefore, intro- a new method in which the articulation is opened posteriorly by a crescent-shaped incision, commencing beneath the acromion, and proceeding backwards and downwards. Thus the secretions escaped with facility as the patient lay, and the success fully justified the expectations. Burrowing of matter did not take place, and the patients overtook, in their recovery, others who had been operated on months previously. He, therefore, considers it proper to recommend this innovation urgently to the notice of surgeons.

Gun-shot Injuries of the Elbow-Joint.—Gun-shot wounds of the elbow-joint are considered, in general, more dangerous than those of the shoulder-joint. This opinion was held by Larry, who writes, in his "Clinical Surrgery," the "rending of the fibrous and nervous structures of this joint is serious, and always demands amputation of the limb. I know of no instance of a cure where this limb was seriously injured by a ball."* This same opinion was held by Guthrie in his work on Gun-shot Wounds of the Extremities: "Wounds of the elbow-joint by balls, even when only one of the bones forming it is injured, seldom result favorably; commonly they indicate, at a later period, the necessity of amputation, on account of destruction of the cartilage, after the hope of anchylosis of the joint has proved vain."

By the great number of failures to save the limb under these circumstances, I am thoroughly convinced that such cases are only rare exceptions in military practice. Yet, in certain particular cases, and under favorable conditions, this same surgeon recommends resection of this joint instead of amputations of the arm, yet he never undertook such an operation. It was reserved for "Nangenbeck and Stromeyer" to introduce this important improvement into military surgery, for, according to the statement of Dr. Frederick Esmarch,† this operation was not performed previous to 1848–9, either in Paris, Italy, Baden, or Hungary.

The same authority observes, that "on comparing, statistically, the results of resection of the elbow-joint with those of amputation of the arm, "it can no longer be doubted which of the two is preferable. Out of 54 cases of amputation of the arm 19 died; out of 40 resected at the elbow-joint only 6 died."

In the Crimea, 153 arms were amputated, and of these 29 died; 17 elbow-joints were excised, with 2 fatal cases. In all these we have 207 cases of amputation, with a mortality of 48, or about 23 per cent. Of the resections we have 57 cases, with 8 deaths, or 14 per cent. Thus, then, in comparing amputation of the upper part of the arm with resection of the elbow-joint, we obtain a per centage of 9 in favor of the latter operation.

According to the carefully prepared statistics of Dr. Heyfelder,* a distinguished surgeon of St. Petersburg, he states, concerning the resections of the upper extremities, we find 288 cases of resection of the elbow-joint, (32 deaths, 220 cures, 6 doubtful, 17 partially successful, and 13 failures.)

He has in this work brought together the whole of our present experience on resections collected from the literature of all countries, and altogether he has collected 2,662 resections which have been made, the results are known of 2,241 cases; there have been 452 deaths, and 1,616 complete cures; in 1,789 cases the life has been saved; 173 cases have been unsuccessful, and of 421 the result is not known.

The healing of the wound after resection of the elbow-joint is, indeed, usually more tedious than after amputation, but the patient retains his limb.

How much of the comminuted bone may be taken away, and in what extent of comminution it can be fairly attempted to preserve the limb by resection?

"Guthrie" would only resect, where the lower end of the humerus alone, or where the upper joint-ends of the ulna and radius are together injured.

"Bandens" is of the opinion that resection should only be performed where one alone of the three joint-ends is injured. Yet, in truth, neither of these authorities speak from experience, while "Esmarch" has performed this operation, where not only one or two, but all

* However, the father of French Surgery, Ambrose Pare, has recorded two excellent cases of healing after wounds of this kind.

† Esmarch on Resection of Gun-shot Injuries, p. 79. Kiel, Charl, Scroder & Co., 1851. Translated by S. F. Statham.

* The Operative Proceeding in and Statistics of Resection, by Dr. Heyfelder. Wien, 1861.

three bones of the elbow-joint have been injured. He has removed from their surrounding soft parts, four to five inches in length, both from the humerus, ulna and radius, when these portions had been struck off by the bullet. In another case, where resection of the shaft of the humerus in its lower third had been commenced, the elbow not being supposed to be injured, such a considerable extent of injury was found, that the epiphysis of the humerus was also removed. This case proceeded as favorably as the others, and, after the arm had become much shortened, it healed with almost complete anchylosis, although in all a piece of four inches in length, of the entire volume of the humerus, had been removed.

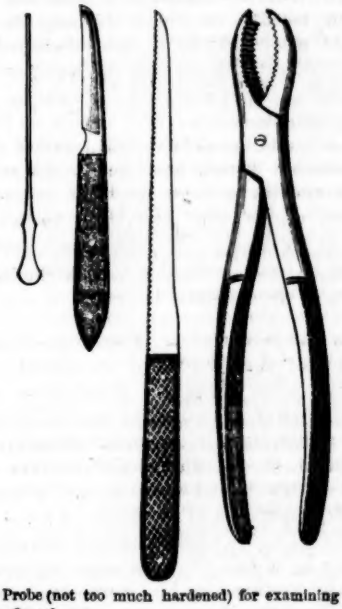
Method of Operating.—Esmarch states that he has tried very many different methods, but in his last campaign, he, and his associates, operated solely on Liston's method, with certain modifications, which partly rendered it essentially more easy of performance, partly was necessitated by the varying extent of the injury to bone.

All methods in which osteotomes, chain-saws, and other complicated instruments are necessary, are, of course, not to be used in *war*. The following set of instruments (fig. 1) are recommended by W. T. Statham, the translator of Dr. Stromeyer's work, who was in service at the termination of the last Schleswig-Holstein campaign, and who has employed them in several cases of resection, but he differs from the author by treating the patient with tonics throughout, at the same time the inflammation is treated antiphlogistically. He also objects to Dr. Stromeyer's operation for "resection of the shoulder-joint, as the transverse incision is very apt to gap, and that, even to the extent of three inches, so that, of course, in such cases the sutures are of no use, or serrate the skin."

As many of our young army surgeons have never practiced the operation of resection of the elbow-joint, we will give the details and after treatment for their benefit:*

To resect the elbow-joint quickly, and with the simplest instruments, it is first requisite to lay open the whole joint so freely that the ends of the bones can be easily thrust out of the wound. This is only possible by opening the joint on the posterior surface, as there is here no other important vessel or nerve, except the ulnar nerve. Earlier operators have at once divided this nerve; and doubtless, in many cases, reunion with restoration of function has taken place. As this can, however, be easily avoided, it is absolute requisite, for performing this operation in a scientific manner, to preserve this nerve, unless indeed the internal condyle of the humerus is comminuted, and the nerve torn across at the same time.

Fig. 1.



Steel Probe (not too much hardened) for examining if the bone is softened.

Blunt-pointed Knife (Langenbeck's) for deep operations on bones. The blade is continued down the handle. The edge should be soft rather than hard.

Saw for division of any long bone, without thoroughly exposing it, (Langenbeck's.)

Resection Forceps altered from gas-fitter pincers, (Statham's.)

The above instruments can be had of Mr. Kolbe of this city.

For this operation the patient was laid on his back, on a table covered by a mattress, with the posterior surface of the wounded arm turned to the light, and lying on a long cushion covered with oil-cloth. If the patient lays prone, the operation is certainly easier, but we preferred the method described on account of its being less dangerous to administer chloroform. An able assistant held the arm, a second is required to move the fore-arm according to the wishes of the operator. As soon as the patient was under the influence of chloroform, an incision, three inches in length, was made on the outer side of the ulnar nerve, to divide the skin and subcutaneous cellular tissue. This incision must begin just above the point of the olecranon on the inner side of the tendon of the triceps, proceed along the inner edge of the olecranon—and below the same, corresponding to the direction of the crista ulnæ, be carried a little more outwardly. The second incision is carried from

* Dr. Friedrick Esmarch on Resection in Gun-shot Injuries: Translation of S. F. Statham. London, 1860, pp. 82-87.

over the humeroradial joint transversely over the olecranon into the middle of the first—meeting it at a right angle. Earlier operators have now opened the sheath of the ulnar, and drawn it to the inner side by means of a blunt-hook. The operation is thus much easier and even a less practised surgeon does not run the danger of wounding the nerve. The Surgeon in Chief, Dr. Stromeyer, in general therefore recommended this method to younger surgeons performing the operation for the first time. The nerve is thus, however, injured. If the operation is performed with suitable care, this nerve is not at all seen—by adopting the following procedure.

After the incisions in the skin, the fore-arm is somewhat flexed, and the capsule of the joint opened at once on the inner side of the olecranon. The edge of the capsule is now either seized by hooked forceps, or the edge of the wound is drawn by the left thumb sufficiently inwards, for its nail to stretch the incised portion of the capsule. Repeated incisions are now carried along the inner border of the olecranon direct upon the internal condyle, by which the soft parts are entirely separated from the bone. These incisions must follow one another at the most at the distance of half a line, and the edge of the knife must always cut on the bone; for by this means only can the periosteum, covering the inner condyle be left in connection with the capsule, and all the soft parts above it be dissected back without injury.

The knife is generally blunted during this stage of the operation, but when this is ended, the greatest difficulty is overcome. This method is especially necessary in all resections, if the periosteum is to be preserved and the soft parts injured as little as possible. As the exposure of the inner condyle is the point to be affected by any one wishing to become master of the operation, its practise on the dead body is especially to be recommended to every surgeon.

When the internal condyle, which often projects very far, is laid bare to its point, the soft parts are to be drawn away by the left thumb, and the periosteum from it as before described for the olecranon. After this, the position of the ulnar nerve may be recognized by a prolonged swelling on the inner side of the soft parts turned back from the condyle; but the sheath of the nerve itself cannot be seen, as it is covered by a portion of the capsule, of periosteum, and by a thin layer of cellular tissue.

The third stage of the operation is now proceeded with—that is, the complete opening of the joint. The internal lateral ligament, already laid bare, is first divided in its middle. The arm being then much flexed the tendon of the triceps is freed by the knife from the olecranon, and the incision prolonged outwards and downwards to the head of the radius, so as to divide the anconeus from the ulna and also to open the capsule in this position. By means of a transverse incision, the external lateral—and the radial annular—ligaments are divided, and the head of the radius exposed. The whole joint now gapes widely on strong flexion of the fore-arm so as to touch the arm—and then by taking hold of the olecranon and drawing it from the humerus, one is generally at once able to divide the anterior portion of the capsule with the knife. If the joint-ends do not yet separate sufficiently, it depends upon the lateral ligaments not having been fully severed; the portion in fault, whether internal or external, must be sought for by the fore-finger, and at once divided by the knife. If a large portion of the ulna is to be removed, the attachment of the brachialis anticus must be separated from the coronoid process, taking care not to wound the brachial artery; we have often used Langenbeck's blunt-pointed knife for this portion of the operation—if care is taken to cut only against the bone, a pointed knife is equally serviceable for the durpose.

The joint-ends of the three bones can now be thrust far enough out of the wound so as to be removed by an ordinary amputating saw. In cases, where there was but a slight injury to bone, as for example, when only the olecranon was comminuted, or the joint-surface of the humerus grazed, we sawed off the head of the radius, the epiphysis of the ulna close below the coronoid process, and the whole end of the humerus covered by cartilage. If it was necessary to take off a larger piece from one bone, so much less was removed from the others. If, for example, the lower end of the humerus was comminuted to such an extent, that, after removal of the splinters and truncation of the sharp points, three to four inches were found to be lost—we left the ulna and radius untouched; if the loss of substance was less, the olecranon, or only the upper half of the same was sawn off, as its projection, against the end of the resected humerus, easily induces pain and increases the probability of anchylosis. If we were obliged to resect large portions of the ulna and radius, we left the end of the humerus similarly untouched.

At first we occasionally attempted to remove the cartilage with a knife; this is troublesome, however, and wastes time and cannot be effected completely, moreover, as it appeared to have no influence on the further course of the case, we did not do so latterly. The cartilage softened soon after the occurrence of suppuration, and freeing itself in larger or smaller pieces, came away with the pus from the wound.

Esmarch has already mentioned that in the year 1850, we only resected the elbow-joint after Liston's method. In the campaign of 1849, Dr. Stromeyer at first resected after Jaeger's manner, as being the easiest to show to the younger surgeons; this consists in H-formed incisions, the two flaps of which are dissected back. After the sheath of the ulnar nerve was opened, this was drawn to the side and the operation then proceeded with, as al-

ready described. In three cases we added another incision to Liston's ⊣-formed one, by making a short one parallel to the longiditunal one, commencing above the humeroradial joint and carried either upwards or downwards. This was done according as the humerus or ulna were comminuted. The wound thus became ⊢-shaped, and the removal of a large piece of bone was much facilitated. By this mean's Liston's method of incising the skin sufficed for all cases, and the method already described was later always employed, viz: in twenty-seven cases.

The Surgeon-in-Chief, Dr. Langenbeck, preferred to make a single longitudinal incision, three inches in length, on the inner side of the olecranon, corresponding to the course of the ulnar, and the method of dissecting back this nerve from the internal condyle was first taught by him. If the soft parts are not yet much swollen, the ends of the bones may be easily thrust out from such an incision. As soon, however, as a considerable serous or inflammatory infiltration has come on, as generally occurs after gun-shot injuries, it is necessary to lengthen the incision too much, to prevent tearing or brasing the skin. This method was employed three times.

In a case where the lower end of the humerus was comminuted, Dr. Stromeyer made a semicircular incision, the convexity downwards, in the same way as is given by Guepratte. This method has no special advantage and the exposure of the internal condyle becomes somewhat more difficult.

If the ulna is struck below the joint and the splintering extends into the same, and to to such an extent that it is unnecessary to remove any portion of the humerus—it is not requisite to expose the internal condyle. In such cases the joint may be opened outside the olecranon, and the fragments be dissected out one after the other. The internal lateral ligament may be divided from the joint-cavity—merely taking care to avoid the ulnar nerve. Similarly all the soft parts over the epiphysis of the humerus are as little as possible to be meddled with.

If the resection is undertaken sometime after the reception of the wound, the hemorrhage is at first free, as the smaller arteries of the skin and cellular tissue are much enlarged by the inflammation. However, we never compressed the brachial artery, as the bleeding could only be of service to the patient, and, besides, would generally cease during the operation.

After completion of the operation, the centre of the longitudinal incision was usually left open for the escape of matter, and the remainder of the wound united by interrupted sutures. We have not seldom seen a partial union of the wound follow by first intention.

If, however, one or both gun-shot wounds were on the posterior surface of the elbow, we at once changed the direction of the incisions so that they should run through the openings, and then left this portion of the wound open, as we could not expect that the contused borders would heal by the first intention.

After-Treatment..—Stromeyer was certainly right in considering the quiet and comfortable position of the arm as one of the most important points of the whole after-treatment. By his direction the arm was laid at once, after the operation, on a smooth wooden splint, padded with wool and covered by oil-cloth, This reached from the upper third of the arm to the finger-ends, and, at the elbow, was in an obtuse angle of 140 degrees. A hole, the size of a crown, was cut in the splint to allow the internal condyle of the humerus, if left, to be protected from injury. This splint lay near the patient on a large chaff cushion, the arm was laid prone upon it, and kept in position by some turns of a roller above and below. The wound was dressed at first with cold, afterwards with warm water, when the suppuration diminished; charpie, dipped in ordinary oil, was applied.

Stromeyer laid great stress upon the arm never being raised from the splint during this treatment. The charpie was laid around the wound sufficiently to take up the secretions from it, and, if care is taken for this object, the arm can be kept thoroughly clean. It is only necessary to dry the under surface of the arm from pus, by small masses of charpie or sponge, by means of the spatula and forceps.

If purulent deposits form deeply, their contents must not be emptied by pressure towards the wound, as the evil is thus increased; but poultices and early incisions must be employed in suitable spots, so as to allow free issue of the matter. If the arm becomes œdematous, bandages are of great service, of course, however, many short pieces, of a foot to a foot and a-half long, must be employed, so that the arm shall never be raised from the splint. It is only when the wound is filled with granulations, and cicatrization has already commenced—that the arm may be carefully raised from the splint, and a roller be employed; a flannel one is best for this state of the arm. At this time, also, warm baths for the whole arm are of great service; by this means, especially, the freedom of motion of the arm and fingers is greatly aided.

The effect of movement in the production of false joints after fracture is well known; it is in the same way of great importance to institute passive motion of the elbow sufficiently early, in order to insure the usefulness of the arm. It may be commenced with care before the wound is fully cicatrized, but, as soon as irritation is caused and the granulations acquire a worse appearance—it must be omitted or very severe inflammatory symptoms or hemorrhage will easily occur.

If all the wounds are fully cicatrized, the patient must make up his mind to bend, extend and rotate the arm frequently by means of the

sound one, and the surgeon himself must perform the same passive motions of the arm whenever he makes his visit, or cause it to be done by an assistant or by another patient. As this practice is painful, the patient readily omits it, even when directed to do so. I believe it is to this circumstance chiefly that must be ascribed, the more or less anchylosed joints that frequently occurred. As, in war-time, the surgeon who first attended the case, easily looses sight of it, often before the wounds are fully cicatrized, by the patient being transferred to a distant hospital, where the surgeon is not so attentive in insuring motion of the joint as the operator himself, who wishes that as good a result as possible may be obtained from his operation.

The great importance of proper after-treatment, as regards the later usefulness of the limb, was decidedly shown in patients resected in the elbow by us at Schleswig, after the battle of Idstedt, and who later were treated in the Danish hospital. The Danish surgeons have not, to my knowledge, performed this operation, and the majority of them, therefore, were not likely to know the value of passive motion in such cases. Hence, it happened, that when these patients returned from captivity, in the beginning of 1851, most of them had their arms in a very bad condition, and in part possessing neither motion nor proper sensibility. These evils could be partially bettered by means of warm baths and methodical passive motion. Yet the mobility of the arms of those patients resected after the storming of Friedrichstadt—that is, almost two and a-half months later than the others—had advanced much farther at the time of the return of the former.

As the mobility of the fore-arm after the operation does not wholly depend upon the size of the portions of bone removed, it will be understood that the joints, in some patients, from whom portions of considerable extent had been taken away, nevertheless resulted in anchylosis, while great freedom of motion existed in others from whom but small portions had been removed. On the whole, it is preferable to take away more rather then less, as the probability of later mobility is thereby increased. In general, therefore, we removed the cartilaginous extremities of all the bones, even if but one of them had been slightly injured.

The greater number of patients with anchylosis of the joints, did not have the arm at a right angle, but at an obtuse angle of 130 to 140 degrees. This is because this position is the only comfortable one for the patient while in bed. We have frequently observed that, when the fore-arm was more flexed, the patients complained of excessive pain, which only ceased on the arm being more extended.

Menstruation: Its Condition in Pulmonary Tuberculosis.

By A. P. Dutcher, M.D.,
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PART FIRST.

Menstruation is a term derived from the Latin word which signifies *month;* and in every woman, when healthily performed, it occurs monthly, and is an evidence of her ability to bear children. As a great physiological process, it may be said to divide the life of woman into three periods. The first is that of infancy and youth, and exists, in the generality of cases, from birth till the fourteeth or fifteenth year. The second comprises the most important period of her life—that in which she is capable of becoming a mother. This usually ceases at her fortieth or forty-fifth year. This period is commonly called the change of life. The third is the remaining period of her life. But cases are constantly presenting themselves, to every physician of extensive practice, in which the menses make their appearance as early as twelve or thirteen, and its appearance is sometimes delayed till the seventeenth, and even twentieth year.

The following table is from Dr. Lee's Work on the Diseases of Females, and is an exhibit of the time of its appearance as noticed in seventeen hundred and eighty-one women of England and France:

In 1781 *women, it occurred,*

At 11 years, in .	110	At 16 years, in .	284
12 " .	144	" 18 " .	144
13 " .	356	" 19 " .	72
14 " .	366	" 20 " .	40

These observations coincide with some tables that have been made in this country, on a less extensive scale, and although cases have been reported of discharges very much resembling menstruation occurring in extreme infancy, there is no proof that such discharges are identical with it. They depend, for the most part, upon ordinary congestion of the uterus, in the same manner, and for similar causes, that may produce congestion of the lungs, and consequent hemorrhage in infants and adults. A mother came to my office with her little daughter, aged eight years, very much alarmed, stating that she believed her child was menstruating, she had been in the same condition four weeks before. A careful examination of the case proved the existence of hæmaturia.

Various causes may contribute to the early or late appearance of the menses, such as climate, constitutional temperament and habits of life.

Thus, authors tell us that, in the south of India, and other hot countries, girls begin to menstruate at eight, nine, and ten years of age; but, advancing to the Northern climates, there is a gradual protraction of the time, till we arrive at the extreme North, where women do not menstruate till they arrive at mature age, and then in small quantities at longer intervals, and sometimes only in summer. And it is also said, that when they do not menstruate according to the genius of the country, they suffer equal inconvenience as in warm climates, where the quantity discharged is much greater, and the periods shorter.

I have, for several years, observed that the menses appear much earlier in females of the nervo-sanguineous temperament than those of the other temperaments. Persons thus constituted have an exuberance of the vital forces; hence all the physiological changes are accomplished more speedily—indeed, all here is life and activity, there is no dullness or inactivity, either of mind or body; all things are in the spring time to it, and the young miss is sometimes the mother at *fifteen*. An instance of this kind recently came under my notice. She had an easy labor, the child was of average size, and at the present time is doing well. The mother of this patient informed me that she changed regular at the age of twelve. For her age she was an individual of precocious mind, and of very beautiful physical developement—a perfect Venus.

Certain habits of life will likewise accelerate its appearance; and among them there may be enumerated the premature cultivation of the passions by the perusal of obscene romances, the inspection of lascivious pictures, the theatre, and the ball-room; the bad example of premature libertinism, of which too many examples are unfortunately furnished in great cities. These specimens of premature puberty, the miserable consequences of too great vivacity of the passions, are sometimes met with as early as the tenth year.

"In this city," says a distinguished physician of New York, "I have known several instances of menstruation at the tenth and eleventh years, and in all the instances that have passed under my observation, the children were born of parents who had exhausted the powers of life by too severely taxing the nervous system in the pursuit of pleasure. One instance in particular, was that of a scrofulous child, with curvature of the spine. In this case, a tender but unwise mother, contrary to our often-urged entreaties, persisted in feeding the child with highly spiced food, tea, and coffee, bathing it in excessively warm water, and putting it to rest upon a down bed. The consequence was the appearance of the menses at the eleventh year, and death at the sixteenth. Tonics, sea-air, and every aid that wealth could offer, availed nothing, and the poor girl died from pulmonary tuberculosis."*

When menstruation is properly performed, when it occurs at the proper age, that is to say, between the fifteenth and sixteenth year, the individual may be regarded as most fortunate. "A premature eruption of the menses," says Dr. Meigs, "is always to be deprecated, because it is the evidence of a precipitate development of certain parts or structures, while others, not less important in the same category, are delayed and incomplete. The individual who passes at a usual and healthy rate through all the stages of growth and development, from infancy up to maturity, is most likely to enjoy a healthy and happy life, free from weakness, pain, and the danger of premature death. Death loves a shining mark, it is said, and those children, whose youth astonish us by the early perfection of their structures or their intellectual forces, are snatched soonest from the world, as the earliest blossoms are ever most exposed to the chilling frosts of spring." †

PART SECOND.

In pulmonary tuberculosis, the menses are almost always suppressed; and the reason for this is very obvious. Phthisis being a constitutional disorder, wherein the life-forces are enfeebled by a failure in some of the blood-making organs, the uterine functions cease for the want of proper nutriment, and not from local disease. Hence we frequently see young women lose their menses without any visible cause, when all at once symptoms of phthisis will present themselves, and the case will proceed to a hasty termination. But in some cases they are not suppressed at the commencement of the disease; they may be irregular, scanty, and may occur every ten or fifteen days; but, as the disorder advances to the latter stage,

* "Woman and her Diseases," by E. H. Dixon, M.D.
† Meigs' "Woman and her Diseases," page 396.

they are always suppressed. I cannot now remember but two instances where it continued regular until the last. These were exceptional cases, and occurred in patients who were nearly forty years of age.

My experience leads me to the belief, that the menses are more generally suppressed at the commencement of this disease, in very young women, than those who are more advanced in life. M. Louis found that, the duration of phthisis was less than one year, the average period of the menstrual suppression was about the middle of its progress. When the tuberculous affection was prolonged from one to three years, the suppression occurred during the last third. Thus in a young woman, in whom the disease lasted three years, the menses ceased at the end of the thirteenth month; while another individual of the same age, and in whom the disease was similar, continued to menstruate to within two months of the fatal period.

The sudden suppression of the menses in an individual who has an hereditary proclivity to pulmonary tuberculosis, should be looked upon as a very suspicious circumstance, particularly if she be unmarried. A young women ceases to have her regular menstrual discharge, she becomes pale and feeble; she has pain in her head, loins, and limbs—after a certain time she emaciates; her friends become alarmed and call in a physician. He gives her case a very superficial examination, and refers all her difficulties to a cessation of the menses. Remedies are prescribed with a view of restoring them, but, alas! they are without effect, and the medical attendant is suddenly aroused to the sad conviction that he has made a mistake in his diagnosis—phthisis, with all its formidable features, is staring him in the face.

It was for a long time the opinion of writers on pulmonary tuberculosis, and Dr. Lawson, in his recent work on this subject, does not discard the idea, that the disorder, arising from the menstrual suppression, might lead to the deposit of tubercular matter in the lungs. We do not consider the suppression of the menses in any way a cause of the malady in question. In this case they cease from a failure of the vital forces, as already remarked, and it is a very marked symptom of the great constitutional disorder, which is ultimately to result in the dissolution of the entire fabric.

But females are so liable to suppression of the menses from other causes, and its condition is so variable in the early stages of phthisis, that, as a symptom of the disease, it should be taken with some caution. And I have long since come to the conclusion that, when pulmonary tuberculosis has made any considerable progress, all active efforts to restore it by the use of emmenagogues are altogether out of place, and that they are productive of injury; that they stand in the way of other medical agents that are calculated to overcome the constitutional malady, and thereby restore the uterine functions.

The utility of this course can be attested by every physician who is in the habit of treating very many patients of this description. Here is one case out of several that we could cite:

Aug. 5, 1859. Called this day to see Miss —, aged 19; has not been well for three months; has a slight cough on rising in the morning, with mucous expectoration; pulse 96; respiration 25; has fever in the latter part of the day; spirits hopeful; appetite not good; menses suppressed for four periods; bowels costive; very restless at night, with pain in the small of the back and limbs. Thompson's gingival present on the gums of the lower jaw; urine scanty and very high colored; had slight hæmoptysis four weeks since; has no hereditary title to phthisis. Menses made their appearance at fifteen, and have been very regular up to the time of their suppression, and knows no cause for their disappearance. Her habits are very retiring, and for several months has taken but very little exercise.

The physical signs are very marked; inequality in the expansions of the two sides of the chest; perceptible dullness on percussion at the right inferior clavicular region, and, on auscultation in the same region, the prolonged expiratory murmur is very audible. On the left side, the sounds are normal, with the exception of a little increased resonance.

The case was set down as one of limited tubercular deposits in the superior lobe of the right lung; and the following treatment was instituted. Counter irritation to the region affected, with one of the following pills three times a day, two hours after eating:

℞.—Sulph. quinia.
Bromid potass, āā grs. xxx.
Ext. scutellaria lata. ʒj. M.
Divide into thirty pills.

Sept. 1. Patient very much improved; continued pills, with the addition of a tablespoonful of cod-liver oil, three times a day.

Oct. 1. Still improving; had a slight men-

strual discharge three days since; treatment continued.

Nov. 1. Patient is quite well; is able to ride several miles a day on horseback; has gained in weight fifteen pounds. From this period up to the present time, her menses have been very regular, and her general health very good. There is, however, still some dullness, on percussion, just under the clavicle, and, on auscultation, the respiratory murmur is not as clear and distinct as it should be over the entire superior lobe. The tubercular disease has probably been arrested by the correction of the constitutional vice, and the transformation of the tubercular deposits into cretacarious matter.

The regular recurrence of the menses in phthisis, after they have been suppressed for some time, is a good indication. I have the notes of several cases, where its appearance was almost the first symptom of amendment. I have the history of one case in particular, which I cannot refrain from presenting to the reader:

The patient was a young woman, aged eighteen, the only daughter of a widowed mother. I found her in the cottage of loneliness and poverty; she had toiled hard to support herself and mother; had endured numerous privations, and lived on very scanty fare. At the time of my visit, she had been ill for six months. Her general symptoms were all indicative of phthisis; her eye had an unearthly brightness, and her cheek the brilliant flush of hectic. She was also very much emaciated, and was very weak—could not sit up more than an hour in the course of the day. Her appetite was good, and her bowels regular; has never had diarrhœa or hæmoptysis; the menses have been suppressed from the beginning. The physical signs pointed out the existence of a considerable cavity in the superior lobe of the left lung. The right lung was free from disease.

From these symptoms and signs, he regarded her case as well nigh hopeless. There were, however, three things that inspired us to make an effort to restore her to health: the absence of Thompson's gingival margin, the limited extent of the local lesion, and the integrity of the stomach and bowels. So far as I could discover, there was but a single suppurating cavity in the lobe affected, without any further signs of tubercular deposits. Cases of this kind will more frequently recover than those where the deposits are much smaller, but more universally distributed throughout the pulmonary tissues. And I have sometimes seen instances where a large cavity appeared to act as a kind of preventive to the further extension of the tubercular disease, and the individual would live much longer than where they were more numerous, and extended to both lungs.

This patient was treated to iodine, iron, cod-liver oil, brandy, and a very nutricious diet, just as they could be tolerated, for the space of three months. Her menses appeared very slightly at the fourth week; more abundant at the eighth, and at three months more nearly normal in quality and quantity. From the eighth week her improvement was very marked. The expression of her countenance became more natural; her pulse and respiration less frequent; cough not so troublesome, and expectoration very moderate in amount. The cavity was about nine months in healing. This case occurred three years since—the patient has enjoyed a fair amount of health ever since. The only marks of the disease left are hurried respiration and slight flattening of the superior part of the left chest.

There are some practitioners who are in the habit of considering the lungs perfectly safe so long as a woman menstruates regularly. They regard phthisis and menstruation as incompatible; but this is a delusion, for some individuals will menstruate and give birth to robust children until the very last. And it is sometimes astonishing with what perfection the womb will perform its appropriate functions, even when the lungs are so impeded in their action by tubercular disease that they can hardly supply the system with oxygen sufficient to support animal life. Yet the fœtus will thrive in utero, and, to use the language of Dr. C. Meigs, "issuing into the world redolent of life, and escaping, as it were, from the sepulchral cavity of its dying mother's womb."

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The True Physician.—To the true physician there is an inexpressible sanctity in the sick-chamber. At its threshold, the more human passions quit their hold on his heart. Love there would be profanation. Even the grief permitted to others he must put aside. He must enter that room—a calm intelligence. He is disabled for his mission if he suffer aught to obscure the keen quiet glance of his science. Age or youth, beauty or deformity, innocence or guilt, merge their distinctions in one common attribute—human suffering appealing to human skill. Woe to the households in which the trusted healer feels not on his conscience the solemn obligations of his glorious art.—*Sir E. B. Lytton, in "A Strange Story."*

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. J. F. Meigs.

Saturday, October 5, 1861.

TWO CASES OF ALBUMINURIA.

Case 1.—The first case was that of a man, fifty years of age, a wharfinger, much exposed to wet and cold. He was admitted to the Hospital on the 28th of August. Some months previous to his admission, he had a swelling of abdomen and scrotum, which in a short time disappeared. In his earlier days he was a hard drinker, but for twenty-five years had left it off. On the first of August he worked in the water, and was much exposed—got thoroughly wetted through. In a few days the swelling of abdomen and scrotum returned, and on his admission both were enormously swollen, the effusion extending down his thighs. He had also pain in the region of his kidneys on moving, for which cups were ordered. He was then placed upon the following treatment, which has been continued with marked benefit, as you see, to the present time. He was ordered to take ten drops of tincture of the muriate of iron, and five grains of gallic acid three times a day. On the 9th of September he voided five pints of urine, specific gravity 1019; on the 16th three pints, and for the last fourteen hours has passed two quarts. Thus, you observe, the urine to be lessened in quantity, and then largely increased, the treatment continuing the same. His urine has the whitish tint of albuminuria. A test of it, soon after his admission, gave the deposite of albumen from the addition of only a drop or two of nitric acid; now it requires considerably more to produce the same result, showing a marked change for the better in his case in this respect. The test by heat gives the same result. When he entered the hospital his abdomen was hard, tense, measuring 42, 43, and now 41 inches in circumference; his thighs were also hard, and exhibited that peculiar clear appearance generally found in this disease; now there is fluctuation plainly discoverable; the abdomen is soft and pliable, the thighs less tense, and the scrotum much lessened in size. His appetite is improving, his tongue is clean, his bowels, at first costive, are now regular, under the administration of cream of tartar. The lower portion of his chest is dull upon percussion, but the dullness changing with change of position, showing that the cause which produces it is a moveable one. He is allowed good nourishing diet, and, under the exhibition of the remedies before mentioned, he is improving.

Case 2. The second case was a lady, a washwoman, forty-two years of age; had this disease twice before; first time was three years last March, after severe exposure by washing; got well in five or six weeks, she says, without taking any medicine. The second attack was in the March following, when she took some powders, and soon got better. Last March she was again attacked, and on her admission to the hospital her abdomen was greatly swollen, measuring, at different times, 38½, 37½, and now 38 inches in circumference, her limbs were also largely swelled. The urine deposited a large quantity of albumen. She was ordered the same treatment as in the former case, and is progressing favorably. The urine to-day is less coagulable, and yet, by the nitric acid test, the albumen appears still abundant. She is losing the anæmic condition she presented when she was first admitted, and the swelling of her limbs is decidedly decreasing.

PHOSPHATIC DEPOSIT IN THE URINE.

The history of the case I am about to present before you is as follows: The patient is a man, forty-two years old; admitted October 1. Two years ago had difficulty of voiding his urine; some numbness of left arm continuing during the year. During the year past he has had incontinence of urine, passing it very frequently, and in small quantities; for the five months past he had increased numbness of left arm, extending down the side and thigh. He has no cough, no headache, his general health is good, has the appearance of a robust, hearty man; he is inclined to costiveness; no sign of any visceral inflammation. Upon voiding his urine on one occasion, a drop of it fell upon his shoe, which he observed to leave a white sediment. On examination of the urine, you will discern that it is muddy, decidedly ammonical, and offensive in its odor, and flocculent. It is also alkalescent. Upon applying nitric acid to it, it becomes entirely clear, showing the absence of albumen, and on heating it you observe it becomes quite thick, with a flocculent deposit which the acid again dissolves. This deposite is an earthy phosphate, and upon evaporation, exhibits the crystals of the ammoniated magnesian phosphate, delineated by Dalton in his Physiology. Notwithstanding, he passes his urine so frequently, the introduction of a catheter relieved the bladder of nearly a pint, which exhibited a strong ammoniacal odor. There is, evidently, then, in his case, a partial loss of expulsory power in the muscles of this organ, a slight paralysis, and, I should fear, some affection of the spine. A stone might be suspected, but an examination reveals none. The condition of the urine in such cases is minutely described in Dalton's Physiology, in the article on changes in urine during decomposition, to which I would refer you.

The treatment to be pursued in this case is to give him the tinct. nux vomica, ten drops three times a day, together with the compound tinct. of bark; wash the bladder out with warm water, and use a liniment of tinct. cantharides and oil of turpentine as a stimulating application to the spine.

Medical Societies.

TRANSACTIONS OF THE BROOKLYN MEDICO-CHIRURGICAL SOCIETY.

September 10, 1861.

Doctor Daniel Ayres, President.

After a recess of some weeks the Society resumed its labors.

A communication was received from Chas. E. Halsey, M.D., now in Alexandria, Va., tendering his resignation as Secretary of the Society, his time and services belonging henceforth to the Mozart N. Y. State Volunteers, Regiment. The Society had no alternative but to accept the resignation. The faithful and able services of the Doctor were, however, duly appreciated by an appropriate resolution. Dr. Willets was thereupon elected to fill the post.

Dr. J. H. Hobart Burge presented to the Society a new instrument for removing foreign bodies from the œsophagus and trachea. It is a pair of forceps, so constructed that a gentle movement of the handles, by means of the thumb and index finger, causes the blades to open and shut, while the rest of the instrument remains apparently motionless. This is effected by the rolling character of the hinge which connects the two blades, and which extends throughout the whole length of the straight portion of the instrument—about six inches. The handles are at a right angle with the blades, and are consequently out of the line of the operator's vision. The blades are rounded and smooth upon their outer surface, flat and slightly roughened where they are in apposition, and when closed form a simple curved staff of the most convenient size, and which may be manipulated with less danger of exciting spasmodic action than attends the introduction of instruments into these passages generally. Dr. Burge hoped this simple construction might prove an additional means of relief in a class of cases annoying to the practitioner, and distressing, if not dangerous, to the patient. He suggested also, its use for the removal of pseudo-membrane in diphtheria and croup, and for the removal of small calculi, pieces of gum bougie, etc., from the urethra. Manufactured and sold by Geo. Tieman & Co., 63 Chatham street, New York.

Cases of Intra-Uterine Fibrous Tumors—The Feasibility and Method of their Removal Discussed.

Related by Drs. John Cooper, Jones, Daniel Ayres, and Louis Bauer.

Dr. John Cooper, presented, on behalf of Dr. Vanderveer, a uterus completely filled by a fibrous tumor. The specimen was removed from a maiden lady who died at the age of seventy years. The disease had existed for thirty years, unmolested by any treatment whatever. On examination, the uterine mass is pyriform in shape, and very uniform in its antero-posterior and lateral diameters, rising perpendicularly to the height of nine inches, and measuring eight and a-half inches transversely, at its thickest portion. The uterine walls are greatly attenuated, and at no point exceed one-fourth of an inch in thickness. The os uteri is patent to the extent of one inch, and its lips very thin.

The intra uterine mass is fibrous in structure, its superior portion interspersed with calcified points, whilst the inferior portion, presenting at the os, and measuring two and a-half inches in diameter, is very firmly ossified and separated from the mass of the tumor by a distinct line, so that when the separation has been made, a smooth cup-like depression is left.

The whole tumor is loosely united with the uterine walls by connective tissue, thicker on the left side—from which it is *readily* enucleated. There is nothing indicating the formation of a pedicle. The growth, which has probably taken its origin from the right uterus wall, has apparently pushed its covering (the lining membrane of the uterus) over to the opposite side; the two surfaces becoming there agglutinated. A small pedunculated tumor, the size of a hazle-nut, is also found projecting into the peritoneal cavity.

Dr. Jones stated that the preceeding case brought to his mind a case of intra-uterine tumor, complicated with pregnancy, having occurred in his own practice. On being summoned to attend this patient, who supposed herself in labor, he found no uterine contractions, and left her. Being a second time called to the patient, he found her dead upon his arrival. On post mortem examination, the immediate cause of death was discovered to be apoplexy, depending upon disease of the cerebral vessels. In addition to a half-grown fœtus, the uterus contained a number of fibrous tumors, the greater mass of which was attached to the fundus. Near the os there was one closely resembling a child's head at full time. The Doctor adverted to the extreme vascularity of these growths, and remarked that the size of some of the vessels was sufficient to permtt the introduction of a finger. On the strength of his observation, he insisted upon the extreme danger attending their removal.

Dr. Daniel Ayres did not consider the conclusions of the previous speaker warranted by the facts to be observed in the majority of cases, and contended that the anatomical condition of these tumors de-

pended very much upon the exact locality in which they originated. If near the abdominal surface, they would protude into that cavity, raising the peritonæum; if occupying a middle position in the uterine wall, and gradually encroaching upon the uterine cavity, a coalescence takes place between the mucous membrane of the opposite side. Strictly speaking, such a growth is not intra-uterine, and its investment is simply the convertive tissue of the uterine walls. But if the former starts close to the mucous lining, the latter readily yields to the progressive growth of the former, becomes invested by it, and gradually elongates into a pedicle. The fibrous tumors thus formed are strictly intra-uterine, and known as fibrous uterine polyps. The vascularity of all these tumors was chiefly upon their surface, and derived from their respective investing tissues. Thus we find the surface of polypi of a deep red color, and bleeding copiously and persistently on the slightest abrasion, whereas their parenchyma may be comparatively pale and devoid of vessels. This anatomical arrangement accounts likewise for the fact that fibrous tumors of some magnitude undergo calcareous degeneration, and centric disintegration due to inefficient nutritive supply. Their loose connection with the adjacent tissues permits of ready enucleation when once these investments are cut through, and likewise permits a ready retraction of the divided vessels.

In exemplification of these facts, Dr. Ayres adverted to a case which fell under his observation within a few weeks, in which the attempt to remove a small portion of such tumor had been followed by so copious a hemorrhage, as to deter the operator from farther proceeding. Consecutive and persistent hemorrhages from the remaining mass, however, demanded peremptorily subsequent surgical interference, and when this was entered upon with the full appreciation of the source of danger, its entire removal was effected with comparative slight loss of blood, and recovery followed.

With these facts before him, together with the encouraging results put upon record by reliable surgeons, he was decidedly of the opinion that the apprehensions entertained in encountering similar operations, were not well founded.

Dr. Bauer derived great interest from this discussion, as it bore directly upon a case which had been submitted to clinical examinations within a few days. The patient was an Irish woman, thirty-seven years of age, and unmarried. As far as could be ascertained, there is no hereditary tendency to the formation of abnormal growths. Till the last nine years the patient had been regular and well, though her menstruation had been rather painful and somewhat copious. Since that time she has suffered more or less in her uterine functions—there being a persistent feeling of heaviness and sinking of the womb. No tenderness had at any time prevailed. During the last two years she has been troubled with frequent micturition, so as sometimes to keep her busy during the night. Now she is occasionally able to retain the water the whole night, and when necessitated to pass it, is compelled to assume the erect posture. There has existed for some years, a leucorrhœa, which of late has become very copious and of an offensive odor. The color is more that of pus, and tinged with blood. Bowels moderately constipated.

The abdomen presented an oval shaped tumor in transverse position, movable, circumscribed, disconnected with adjacent organs, and protruding slightly into the smaller pelvis. It extends upwards midway between the umbilicus and ensiform cartilage. The tumor has a smooth surface and is apparently homogeneous. At places it is so elastic as to give the feel of fluctuation. In the erect postnre the base of the tumor inclines forward, and in the recumbent, it assumes a position corresponding accurately with the changes the patient makes. The general appearance of the abdomen is that of pregnancy at the seventh month; the umbilicus but slightly in its lower half. There is no movement perceptible within the tumor, and on the whole surface the percussion is dull.

The vaginal exploration in the erect posture discerns a resistant and elastic mass, that encroaches slightly upon the smaller pelvis and fills almost entirely its brim. Although it seems not to be connected with adjacent parts, yet it does not permit to be raised from that position. In sweeping with the finger over its surface, no difference of structure or unevenness could be noticed. The shape of the protruding portion seemed to be hemispherical, and is at its circumference surrounded by the lower termination of the uterus. As in parturition, the neck of the womb has entirely disappeared and merged into the general distension of the womb. The opening is not less than three inches in diameter, and the finger readily passes between the uterus and the tumor, the connections being in isolated fine strings, rather loose and easily separated. In the recumbent posture of the patient, the tumor recedes somewhat from the pelvic brim, and is slightly movable. In exposing the tumor by Sim's speculum, the patient being placed on knees and elbows, it shows itself of a brownish-red color, slightly mottled, and apparently well-supplied by vessels. A copious discharge was noticed to emanate from the uterus, which presented the characteristics already stated. The uterus sound could be readily introduced to the extent of some three inches, but was not carried beyond this extent, in order to obviate hemorrhage.

According to the statement of the patient, the tumor had developed itself within the last two years, but it is probable that it had existed for a much longer period.

The patient, of course, had consulted various practitioners, and received various contradictory opinions; most of them, however, in favor of ovarian dropsy. At one of the New York Hospitals attempt had been made for her relief. The operative attempt lasted for two hours, and had been apparently abandoned on account of copious hemorrhage, which left her in a low, anemic condition for several weeks.

Notwithstanding the size of the tumor, the long time of its existence, and the excessive expenditure of nutritive material in its maintainance and persistent growth, together with the operative attempts at its removal, which was followed by a copious hemorrhage, the health of the patient was by no means impaired. Her general appearance was good; her lips and mucous membranes red; her outlines

well preserved; her weight 121½ pounds, whilst her height did not exceed 5 feet 2 inches.

However this might be, the further increase of the tumor, proportionate to its size already acquired, would inevitably lead to a serious impairment of the general system, both by pressure and spoliation on the system, and therefore Dr. Bauer had earnestly contemplated its removal. Delay could do no good. The mechanical proportions between the tumor and the small pelvic cavity, had already been reversed, and the obstacles to passage would certainly become serious by postponement.

But a few years ago, the removal of intra-uterine fibrous tumors would have been considered extra hazardous; rupture of the usually rarified walls of the womb and hemorrhage, besides the difficulties in enucleating the morbid growth, would certainly have been looked upon as unanswerable difficulties. Not so any longer, Some three or four years ago Professor Langenbeck, of Berlin, ventured upon their extirpation, and did not shrink to follow them into the parenchyma of the uterus. His success was most satisfactory. In relating six cases in the "*Deutsche Klinik*" of that period, he admits that he had had his misgivings as every body else, but that he had been completely taken by surprise at the loose connections these tumors maintain, and the facility with which they can be separated.

All that is necessary, in his opinion, is to get at the lower termination of the tumor by careful incisions, and the rest can be done by the handle of the scalpel.

The specimen, which has given rise to this discussion, was very instructive on this particular point in presenting the connections between the fibrous tumor and the uterus, so loose and delicate as to be easily severed by a blunt instrument. As far as Dr. Bauer could ascertain it, he had made out the same anatomical relation in his case, by both finger and the uterine sound, and he therefore apprehehended no difficulty on that point.

Another argument had been furnished by the clinical observations of his distinguished friend, Isaac Baker Brown, of London, wo had but shortly and repeatedly gouged out the centre of intra-uterine tumors, with a view to break them up, which he succeeded in doing with but an indifferent loss of blood.

It is, however, obvious, as has been said, that the removal of tumors of this class should, if at all, be executed with despatch, in order to give the uterus a chance to contract and to arrest spontaneously the hemorrhage that might ensue. Eventually tampons and compression could be employed to overcome it. A deliberate and timorous detaching of such tumors, the doctor considered infinitely more dangerous than a resolute procedure.

In this case Dr. Bauer had fixed upon the following plan: He would first enter the centre of the intra-uterine mass with an ordinary perforator, and bear it up towards its periphery; then he would use his hand in detaching it by fragments, which would have the advantage of exposing gradatim the internal surface of the uterus. In the moment that its entire surface was free, it could contract, or styptics might at once be resorted to, if hemorrhage should necessitate them.

He had duly apprized the patient of the eventual danger to be entailed by the operation, which would take place at some future day, when its results would be duly reported.

DR. LOUIS BAUER'S

Case of Double "Genu-Varum," or Knock-Knee.

The patient, a German lad, aged seventeen years, had suffered from congenital knock-knee to a mode-

Fig. 1.

Fig. 2.

rate degree; but, since he had embarked in the trade of a baker two years ago, his deformity had so much increased that he could scarcely walk or stand. He applied for relief at the Brooklyn Medical and Surgical Institute. At his admission, he presented the appearance as exemplified in fig. 1. As the cause of his trouble, a contraction of both biceps, and vastus externus muscles were found to exist, and they were consequently divided. By means of four pullies and proportionate weights, two acting longitudinally and the others transversely, (fastened to the knees themselves,) the deformity was overcome, and when, after four weeks, the patient left the institution, he presented results as noticed in fig. 2. The improvement has since (four months) been progressive, and the locomotion of the lad perfectly free from any inconvenience.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of American Medical Journalism.

By O. C. Gibbs, M.D.
Of Frewsburg, N.Y.

OBSTRUCTION OF THE LIVER, CAUSING ASCITES, ETC., TREATED WITH UNUSUAL REMEDIES.

In the *Lancet and Observer*, for September, our friend, Dr. C. A. Hartmann, reports a case from which we shall copy somewhat largely, because of the singular yet effectual treatment. We will try to condense the case as much as possible. The patient was a lady aged forty-five. She first, from cold, got suppression of the menses, and subsequently got copious uterine hemorrhage. This is her statement, though we suspect, from the report of the case, that she became pregnant, and, under treatment at the hands of a quack before Dr. Hartmann saw her, miscarried. She subsequently had frequent attacks of hæmatemesis. When Dr. Hartmann saw her, "her face appeared puffed up, wax-like, with a color mixed up from a pale yellow and a dirty gray, both colors being mostly distributed in irregular patches. Œdema had already spread from below to the upper third of both thighs; the abdomen, increased to the size of about the fourth month of pregnancy, presented the characteristic phenomena of ascites. The *liver* was also considerably increased in size and painful to the touch, particularly so on the line between the right and left lobe. Spleen normal; tongue slightly covered; radial pulse soft, not very full, and somewhat decreased in frequency, (60.) Breathing short; no irregularity in the chest. Urine stated to be very thick and turbid. Patient very much distressed on account of sleeplessness.

"The diagnosis presented no difficulty. There was evidently obstruction of the liver, to which all other symptoms were secondary." The following is Dr. Hartmann's prescription in the case: "One ounce of the seeds of St. Mary's thistle—boil with a pint of distilled water down to eight ounces, strain and add one ounce of white sugar. Of this decoction a tablespoonful to be taken every hour. Besides this, as an adjuvant, a decoction of flaxseed and leaves of the golden rod, equal parts, to be used as tea."

After two days the patient was found much improved; the treatment was ordered continued, and, in addition, "quassia water and acorn water, of each four fluid ounces, white sugar, one ounce; a tablespoonful to be taken every four hours. In three days more, hardly a trace of the œdema or ascites could be found; color of the face almost normal; liver no longer presenting any swelling, remains sensible to the touch, but is not painful. Fæces and urine evacuated freely; the former still semi-fluid. Appetite excellent." The quassia was now given alone, and the patient soon made complete recovery. Dr. Hartmann says he used the above mentioned remedies "on the strength of their being highly recommended in a work published some years ago in Germany, by Dr. Radermacher," from which work he makes the following quotation:

"1. *Carduus Marianus L., Silybum Marianum Gærtn., St. Mary's Thistle, Milk Thistle.*—The seede are one of the best remedies for obstruction and induration of the liver, bilious calculi, and diseases of the liver in general; hæmatemesis conseqent upon affections of the liver, jaundice, etc. The medical power resides in the membrane covering the seeds, which, on that account must be given either in coarse powder or decoction. A tincture may also be prepared from them.

"2. *Aqua Quassia. Distilled Water of Quassia.*—(Three pounds of the wood, nine ounces of the bark, one pound of alcohol, and water q.s. to obtain eight pounds.) One ounce given during the day, in divided doses, will be found very serviceable in ascites depending upon disease of the liver, especially after acute abdominal affections.

"3. *Aqua Glandium, Spirituous Water of Acorns.*—(Five pound of ripe and juicy acorns, coarsely powdered; alcohol, fifteen ounces; water q.s. to distil over seven pounds and a-half.) Unsurpassed in dropsy produced by affections of the spleen, and in these affections themselves.

"4. *Solidago Vigaurea, Golden Rod.*—An ancient but reliable remedy for certain diseases of the urinary organs, especially applicable when the urine turns dark and turbid in gastric affections."

A NEW REMEDY FOR THE NAUSEA AND VOMITING IN PREGNANCY.

In the *Lancet and Observer*, for September, Dr. Canaday has a paper, previously read before the Union Medical Society, at Knightstown, Ind., in which he gives his experience with, and strongly recommends remedies, soon to be mentioned, in the nausea and vomiting often so troublesome in the early months of pregnancy. "The remedy in question is a strong decoction of cornus sericia (swamp dogwood) and dioscorea villosa (wild yam), made by steeping equal parts of the dogwood bark and root of the yam in a sufficient quantity of water to make a strong decoction, administered cold in doses of one or two tablespoonsful every three or four hours." Dr. Canaday says he has used the combination in several cases, some very bad ones, that had resisted all the usual remedies and always with decided benefit, and that he is "inclined to look upon it as *the* remedy for nausea and vomiting in the early months of pregnancy."

We wish the Doctor would give *each* of the articles a trial *separately*, and thus learn whether the *combination* is essential. It is quite possible that the good effects are mainly the result of one of the agents.

In this connection we would call attention to a remedy for vomiting that we believe has been quite too much neglected. We refer to the common garden *larkspur*. We have used it for the last three or four years, both in the vomiting of pregnancy, and in cases not so connected. It has seldom or never disappointed us. We were first induced to give it a trial after reading an article on the subject in Mitchell's Therapeutics. He says: "More than forty years ago I experienced great embarrassment in my efforts to control the *vomiting* of autumnal fevers, prevalent near to the Philadelphia Lazaretto, where I was stationed as physician of the establishment. I was induced by the representations of a worthy old lady, to make trial of the larkspur leaves and flowers, in the form of infusion. The remedy acted, as some would say, like a charm. It was quite nauseous at first, but gave such delightful relief that the patient begged to have the dose repeated. I never knew it to be rejected. On the contrary, it calmed the stomach speedily. The infusion was made of half an ounce of the leaves and flowers, added to a pint of boiling water. The dose, a wineglassful to be given every half hour or more frequently if necessary."

As a remedy for morning sickness in pregnancy, some one has advised that the patient take her breakfast in bed, and remain in bed for two hours thereafter.

TREATMENT OF MORBUS COXARIUS.

In previous numbers of our *Summary* we have referred to, and given a description of, the mechanical appliances for the treatment of "*hip disease*," as respectively invented by Drs. H. G. Davis, and Dr. L. A. Sayre, both of New York, and Dr. E. Andrews, of Chicago. In the *San Francisco Medical Press*, for July, Prof. E. S. Cooper gives his treatment of this troublesome affection, and, as his mechanical appliance differs somewhat from either of the three previously referred to, we shall give it to our readers. We will not attempt to decide in regard to the comparative merits of the appliances respectively—our readers will make their own selection when they need an article of the kind, or do as each of the physicians mentioned above have done, *invent a new one*.

Prof. Cooper says: "Our local treatment, in this malady, is of two kinds, the mechanical and the surgical. The mechanical consists of apparatus, which keeps up for months, or even years, extension and abduction—extension made from the knee, and abduction from the upper part of the thigh.

"The apparatus is constructed as follows: A plaster of Paris impression is taken of the hip, from 1 to 2 inches above the trochanter major to 2½ above the crest of the ilium, and over about as much space laterally. A thick plate of tin is then moulded to suit the plaster impression, by which, when applied on the hip, it fits nicely to a large amount of surface. A firm frame of tin, about two inches high, an inch wide, and two inches long, is soldered to this, the long direction being on a line with the thigh. A tin rod, an inch in diameter, is next fastened to the end of the frame described, and is long enough to reach three or four inches below the knee. At the lower extremity is a loop, to which the extension straps are fastened, the extension being made from just above the knee-joint. There is a loop on the top of the tin frame, for the reception of the abduction strap. The original tin plate is fastened in its situation by means of a broad belt of leather attached to it, and passing around the body.

"The apparatus, in addition to its being exceedingly simple and cheap, has the advantrge of effecting more direct abduction of the head of the femur than others now in use, which is a *sine qua non* in the treatment of hip-joint disease, so far as mechanical contrivances are concerned." . . . . . "We keep it applied day and night, and often have patients sleep better the first night after its application than they had done for months previously."

In regard to fastening the splint to its place, he says:

"This is sometimes effected by having it covered with buckskin, slightly padded on the inside, and buckles attached to this for the reception of straps, which belong to the leather belt passing round the body. This belt is nearly as wide as the plate of tin. A cheaper mode,

and one equally effectual, is to fasten a piece of heavy calf skin to the inside of the splint, by means of tinner's rivets, and attach buckles to this. Light cushions may be applied between the apparatus and the part it presses upon, whenever necessary."

NEW SURGICAL PRINCIPLES.

In the *San Francisco Medical Press*, for July, Prof. E. S. Cooper enunciates the following, which he calls *new surgical principles*, upon which he invites criticism and discussion:

"1st. That atmosphere, admitted into the joints or other tissues, is not a source of irritation or injury, except where it acts mechanically; as, when admitted into a vein, by producing asphyxia; into the thoracic cavity, by its pressure producing collapsing of the lungs, or when, by the long-continued exposure of a large amount of surface of any of the internal organs, whose normal temperature is much above that of the atmosphere, it reduces it so as to produce a morbid action.

"2d. That the division of entire ligaments about the joints is no impediment to their ultimate strength and mobility; but, on the other hand, this operation will often greatly facilitate the cure, by enabling the surgeon to open the affected part fully, for the purpose of applying medicinal surfaces to the articular surfaces, when these are ulcerated or otherwise diseased.

"3d. That the only true mode of treating ulcerations of bone, however slight, within the joint, is to lay it open freely, and apply remedial agents directly to the part affected.

"4th. That opening the joints early, in case of matter burrowing in them, is far more imperiously demanded than the opening of other parts thus affected, and the operation produces no further pain or inconvenience to the patient, in any respect, than when performed on parts remote from the joints.

"5th. That after opening a large joint, the knee, for instance, by an incision several inches long, the wound should be kept open by the introduction of lint, or other similar substance, until the parts within the articulation become healthy, and, in all cases, it should be made to heal by granulation.

"6th. That extensive wounds, opening freely the large joints, such as the knee, (even when lacerated, as by a saw, which must heal by granulation,) do not as often give rise to violent symptoms as very small wounds, such as are made by the corner of a hatchet, an adze, or a pen-knife; which heal on the outside by first intention.

"7th. That there are no known limits beyond which a tendon will not or cannot be reproduced after division, provided the parts are made to heal by granulation, and that the present acknowledged rule of two inches being the maximum distance in which the divided ends of a ligament or tendon can safely be separated, has not the least foundation in fact."

Upon the subject of air in joints, we would make a remark or two. Dr. Cooper claims that air in joints is not injurious—eminent surgeons of the present and of past ages claim the reverse. We believe *both* to be right. Air admitted into the larger joints especially, *will* produce unpleasant effects *providing a successful attempt be made to heal the external wound by first intention:* it *will not* prove injurious, *providing the wound be kept open so as to admit of the confinement neither of air nor of the discharges.*

Not long ago a medical neighbor of ours treated a *small wound* opening the knee-joint. An attempt was made to heal the wound by first intention; unpleasant consequences followed, and the patient died. We did not see the case, but we suppose amputation might have saved the patient. In contrast to this, we have just completed the cure of a *severe and terrible wound* of the knee-joint. A heavy blow of an axe was made, entering the joint nearly transverse, just touching the lower interior border of the patella, and nearly half severing the limb. It was dressed with reference to healing by granulations, and to the free escape of discharges. The patient was somewhat emaciated from confinement, but neither hectic fever or other bad symptoms occurred, and in a reasonable time the patient recovered with a useful limb—stiffened and angulated at first, but mobility was secured by timely passive motion and subsequent use.

REMOVAL OF THE PAROTID AND SUB-MAXILLARY GLANDS — INTERESTING FEATURES CONNECTED THEREWITH.

In the last year there has been considerable discussion in regard to the possibility of the removal of the *parotid gland*, in which Professors Titus Deville and Daniel Brainard have taken prominent parts—the former against, and the latter in favor of the possibility of the operation. In the *San Francisco Medical Press*, for July, our friend, Prof. E. S. Cooper, reports a case that, in regard to some peculiarities, we consider eminently worthy of reproduction here. Prof. Cooper says, that "the tumor was so involved that the parotid and sub-maxillary glands had to be removed, and so situated that it was impossible to take it away, without either removing a portion of the lower jaw, or detaching the temporalis, masseter, pterygoideus externus and internus muscles, and destroying the tempero-maxillary joint, and bringing the upper part of the jaw forwards to a sufficient extent to admit of the removal of the tumor, and afterwards replace the articulating surfaces, with the view of having a reproduction of the ligaments, synovial membranes, &c. The latter method, though without precedent, was adopted.

The carotid artery being ligated, as a preliminary step, the operation was continued, by extending the incision up to a line parallel to the top of the ear, dividing, necessarily, the pes anserinus. This was absolutely necessary, in order to make room for the subsequent steps of the operation. The other soft parts were removed from the external surface of the masseter muscle, when the latter was separated from the ramus of the lower maxilla by means of a sharp bone chisel, an instrument seldom employed by others, but one we could not dispense with in separating the soft parts from the bones in all operations involving these tissues. This being effected, the parotid gland was removed from its bed by the same instrument. The temporal muscle was then detached from the coronoid process, partly with the scalpel and partly with the chisel. The temporo-maxillary joint was next destroyed with the scalpel. The upper part of the lower jaw was then brought forward, until room was made for the removal of the tumor, which was over three inches in diameter in the directions, internally and externally, having filled the fauces to such an extent that, on looking into the mouth it appeared nearly impossible for the patient to swallow or breathe, which were effected, for the last three weeks prior to the operation, with the greatest difficulty.

"As stated before, that portion of the tumor embracing the parotid gland, was removed from its bed by means of a small bone chisel, in the following manner: The edge of the instrument was first shoved in, by the side of the tumor, as close to the temporal bone as could be. After passing it for half an inch, a prying motion was made, by which we could readily see that a portion of the bony structure was laid bare. This method was continued in successive steps, until all the posterior and internal attachments were broken up, which left the styloid process, to its base, plainly in view. The natural attachments of the parotid gland had been, to a great extent destroyed by the disease, from which cause the major portion of the difficulties usually attending its removal were not encountered.

"The most interesting feature connected with the whole case was the reproduction of the soft parts concerned in the temporo-maxillary articulation. For six weeks, parts of the articulating faces of the joint could be seen, the wound being kept open, with the view of admitting the discharge of any portion of bone that might slough, which is nearly always the case, to a limited extent, where muscles, as strongly attached as those to the lower jaw, are separated. At the end of three weeks after the operation, we could discover fibrin, in the shape of the external lateral ligament, stretching from the margin of the glenoid cavity down the cervix of the condyloid process. This would break, when the jaw was moved briskly, and continued breaking for nearly a week, when, at last, the substance had become sufficiently elastic to bear the motions of opening and shutting the mouth without giving way.

"The progress of the reduction of this joint was witnessed by from twenty to thirty medical men of this city and State.

"At the end of the sixth week, it was ascertained that a thin scale of bone, about one line and a half in width, was exfoliated from the posterior and upper part of the ramus, which, being seized by the forceps, was readily withdrawn. This continued up the back part of the condyloid process to the head, from which a thin scale was likewise sent off, including the entire articulating face.

"At this time, one week after the removal of the exfoliated bone, and seven from the operation, the joint is entirely reproduced, so that nothing can be seen there, excepting the red and healthy granulations covering it."

ERYSIPELAS AND ITS TREATMENT.

In the *Chicago Medical Journal*, for July, Dr. J. S. Whitmire has an article upon the *nature and treatment* of erysipelas. In regard to treatment, he says he believes there is an antidote to the erysipelatous poison. "This agent, in my opinion, we have found in *iodine* and its preparations, it acting not only as an antidote to the poison, through the medium of the blood; but, also, as an alterative in rousing and changing the secretions, and as a tonic to the capillary system of the vessels, thereby instituting a curative process in the diseased parts by producing a healthy action." In regard to its effects, he further says, I confidently ask the profession to give it a fair and impartial trial, and they will not be disappointed in its results, and they will be enabled, in an ectasy of delight, to cry out with me, *Eureka! Eureka!*

Cases are reported, illustrating the effects of this extraordinary and supposed to be novel treatment. On examining the prescriptions, we find that *quinine*, in *two* grain doses; *morphine*, in *one-tenth* grain doses; *chlorate of potash* in *three* grain doses, and *veratrum viride*, in tolerably full doses, were *together* administered every *three hours!* Also, *iodide of potassium* in *seven and a half* grain doses, and *spirits of nitre* in *teaspoonful doses*, combined and given every alternate three hours! Now, we search in vain for the evidences that the *iodine* is the long sought-for specific in erysipelas, and we certainly cannot hold up the iodine and cry out Eureka! Quinine, morphine, and chlorate of potash are no inconsiderable remedies in the treatment of erysipelas; and, by the by, are not new nor peculiar to Dr. Whitmire. Iodide of ptassium is composed of one equivalent of iodine and one of potassium.

Now, we would ask the doctor, how he knows the grand ultimatum, the "*eureka*" effects, are produced by the iodine in contradis-

tinction to the potassium, or quinine, or morphine, or chlorate of potash, or veratrum viride, or spirits of nitre, or ipecacuhana—all of which were administered simultaneously and conjointly? By-the-way, in our hands, the spirits of nitre and iodide of potassium, which the doctor would exhibit in the same mixture, are incompatible!

We have noticed this article not because of its intrinsic merit, but because it is liable to deceive the thoughtless, and, more especially, because we would condemn such reasoning and such inferences.

Before concluding, we must, however, give the doctor the credit of using the iodine locally. He says:—"The local treatment consists in an iodine ointment prepared in the following manner:

℞.—Iodine, - gr. xxx.
Potass iod., - gr. x.
Alcohol, - f. ʒ ss.

"Rubbed together, in a porcelain mortar, till the iodine is thoroughly dissolved. Then add ol. ricini f. ʒ iij. ss, and triturate till it is thoroughly mixed. Bottle, and it is ready for use. With this ointment, I keep the diseased surface, and two or three inches beyond, well lubricated by three, four, or five applications per day, if required to keep it soft; and, to digress a moment, this is one of the most beautiful, as well as the most convenient, preparations of iodine ointment that I have ever seen, and may be used in any case where the officinal preparation is indicated."

This preparation of iodine treatment may be very nice, as we have no doubt it is; but Dr. Whitmire can hardly, in justice to others, exclaim, "Eureka! I have found it!" for really iodine has been used locally in erysipelas for many years. We conclude our remarks upon this paper with one additional quotation. In regard to the erysipelas cases, he says: "The general indications are always the same; and in *iodide of potassium* and the *iodine ointment*, with the necessary auxiliaries, we have a certain, safe, and speedy remedy. Since I have adopted this method of treatment, erysipelas, in my neighborhood, has lost much of its terror, and I speak to my patients of their speedy recovery as confidently as I do of interrupting a paroxysm of intermittent with the sulphate of quinine. I have given this remedy in doses of twenty grains every two hours, without ever having witnessed any of the poisonous effects spoken of by authors; but the quantity of water with which I invariably dilute it, may probably prevent any gastric disturbance, that might otherwise occur if given in a more concentrated form. Its entire innocence, therefore, in my opinion, is settled when this precaution is observed."

Dr. A. D. Markley, of Montgomery county, in this State, has been appointed Surgeon in the United States Navy.

THE MEDICAL AND SURGICAL REPORTER.

S. W. BUTLER, M. D.
R. J LEVIS, M. D. } Editors and Prop's.
L. C. Butler, M. D., Assistant Editor.

PHILADELPHIA, SATURDAY, OCTOBER 12, 1861.

A correspondent who subscribed to the Medical and Surgical Reporter under the impression that it "would contain articles from the most prominent members of the different branches or schools of medicine, setting forth their peculiar advantages or differences," is disappointed at finding that it does no such thing. It is his own fault. The Reporter has, for many years, been known as an uncompromising advocate of the principles of legitimate medicine. Every number contains evidence of this, and it is formally announced in the Prospectus. Its editors are alone the exponents of those principles, either with their own pen or by the writings of those who, in their judgment, are capable of elucidating them, and they are not disposed to confide their trust to any parties whatsoever.

This journal is independent; but that does not mean that it will pursue every light, true or false, that professes to be a guide in medical matters. Its editors have too much respect for the good sense of their readers to present them such an *olla podrida* as seems to have been looked for by our correspondent, and too much regard for themselves to give such evidence of imbecility of mind as would be given by pursuing the course indicated by him in the above extract.

It is said that, during the seasons of high-water on the great rivers of the south-west, when they suddenly overflow their banks and flood the surrounding country for miles on either side, steamboats sometimes find it very difficult to keep the channel. There is a channel—the old bed over which the river has flowed for ages; but, in ascending these rivers at such times, unskilled pilots occasionally steer their boat up a bay, mistaking it for the true course, where the craft, by the rapid subsidence of the waters is left high and dry on land, while the pilot has an excellent opportunity of ruminating on his inexperience and want of skill and care.

We have witnessed the anxiety of officers of boats, under these circumstances, lest they should "take the wrong channel," and lose a trip, if not destroy their boat. The editors of the Reporter having much more at stake, are not less ambitious of their reputation and success. They have no inclination to explore the by-paths in medicine which would inevitably lead them into ridicule and disaster, and injure the cause which they desire to serve.

Any one who desires a reliable exponent of the progress of legitimate medicine—which absorbs the true and rejects the false of all the theories that are put forth—and an enterprising, faithful weekly record of passing events in the world of medicine, will, we feel assured, be gratified and benefited by a perusal of the pages of the Medical and Surgical Reporter. This is its mission—no more, no less.

WHAT IS PROOF OF LIVE BIRTH?

An interesting discussion is now going on in the English journals upon the question which heads this article. In a case recently before the courts, Vice-Chancellor Stuart decided that "pulsation of the heart is evidence of live birth." In this opinion, we understand Drs. Thomas Radford, Tyler Smith, and Freeman concur. Opposed to it, is that eminent authority, Dr. Francis H. Ramsbotham. All treat it as a physiological point, which can be decided only by medical men, and not by lawyers, however well-versed they may be in legal acumen. Dr. Ramsbotham has no hesitation in declaring the Vice-Chancellor's decision to be founded in error, and the reasons given for this opinion are substantially as follows:

"A great distinction should be drawn between intra-uterine and extra-uterine life—between that life which is preserved to the fœtus by it parent's intervention, and that in which the child carries on an independent existence of its own. In common parlance, life is considered to begin at birth; and a man's age is reckoned not from the time at which uterine life commenced, but from the time when he emerged into light. And this is quite proper even in a physiological point of view. As soon as a child is born, if living, it enters on a new phase of existence; organs hitherto dormant are called into activity; and functions necessary for the continuance of vitality, heretofore performed for it by its mother, are suddenly transferred to its own person, to be henceforth discharged by itself through an independent agency. The expansion and energetic action of organs previously collapsed and quiescent, and the development of functions previously unknown, constitute a state of being so different from that which has just terminated as to warrant us in considering the individual to have commenced the enjoyment of a new and fresh life; for, although the infant after its birth continues to be absolutely the same body as the fœtus while in utero, yet the changes which take place on the establishment of respiration are sufficient to stamp a decisive mark on the two conditions of existence as being perfectly distinct and separate from each other. The commencement of the action of breathing is universally regarded as heralding the entrance into life; and no medical practitioner would hesitate to certify as still-born a child that had never breathed, unless there were proofs present of its having been accidentally smothered before his arrival."

On the other hand, Dr. Radford, who has "for many years labored to raise the value of embryonic and fœtal life, and to depreciate as far as possible the *murderous operation* of *craniotomy* in the estimation of those who practice midwifery," says:

"If pulsation exists in the funis, there is strong presumptive evidence, more especially if it is felt at or near to the umbilicus, that the child possesses a greater or less degree of vitality; for it is physiologically true that, if the child dies, the placental circulation soon ceases, and with it almost immediately that of the funis, first nearest the child's body, but not long after in its entire length. To entertain a contrary opinion would lead to a most disastrous practice, and would consign to the grave infants which might, and indeed would, be saved if (under conviction of suspended animation) resuscitating measures were energetically and perseveringly used."

The object of the discussion appears to be to fix the point where criminality in destroying the child begins, in such a sense as to constitute murder. If the latter opinion be correct, then life begins with the pulsation of the fœtal heart, and the operation of craniotomy, unless the evidence be unmistakable that pulsation has ceased, is equivalent to the commission of murder. If the former, then the actual estab-

lishment of the function of respiration is necessary to constitute a live birth. Practically, both opinions are, perhaps, true; both conditions constitute life in a certain sense. Those who consider the question in its legal light favor the former opinion, though not so strongly as to leave the accoucheur at liberty to destroy the life of the fœtus in utero, unless there be undoubted probability that the life of the mother must be sacrificed if it be not done. Those who base their opinion upon the physiological aspect of the question, reject the former opinion as incorrect, and as opening the door for an indiscriminate "slaughter of the innocents," before they shall have fairly disconnected themselves from the mother and established a separate existence. As exhibiting the difficulties that attend the question, we quote two cases, which we find in the *Lancet:*

"On the 14th of July, 1849, Mrs. ——, the mother of a numerous family, gave birth to a female child, at the end, as she believed, of only eighteen weeks; and appearances strongly corroborated her opinion. Some time after the supposed dead child was placed aside, my attention was called to it in consequence of some convulsive movements observed by the attendants; and, subsequently, for more than half an hour, the heart evidently pulsated, and convulsive action of the body continued to be distinctly observable. The action of the heart was evident to the eye by the pulsation it communicated to the chest, as well as to the hand placed over the cardiac region.

"On Oct. 25th, 1852, I was called to see Mrs. D——. Before my arrival the membranes had given way, and I found her labor rapidly progressing with a breech presentation. The funis ceased to pulsate rather more than eight minutes before I could extricate the head. The child, when born, was perfectly corpse-like, and the limbs flaccid. It was placed in a hot bath, and I perseveringly inflated the lungs, through the nostrils, for full twenty minutes before any sign of change occurred; after which time the lips slightly colored, then a feeble sigh was noticed; soon afterwards the lips and face were more evidently tinged, and gradually the corpse-like condition of the body gave way, and ultimately respiration was established. The inflation of the lungs was steadily continued for more than three quarters of an hour."

FRUITLESS SUCKING AND IDIOCY.

In a paper read before the *Royal Med. and Chirurg. Society*, of London, England, Dr. Thomas Ballard claims to have made a discovery on this subject which he is anxious to have recognized by the profession. "Fruitless sucking," by which he understands sucking the mother's breast when it does not yield as much milk as the infant requires, or the "sugar teat" which is frequently placed in the child's mouth by the nurse to keep it quiet, he maintains, causes a thinning and softening of the stomach and intestines, of which process the frequent and green stools are the evidence. Diarrhœa so common an affection of infancy, is the consequence. From this impaired condition of the *prima viæ* an imperfect growth and nutrition of the tissues of the body obviously results, and this terminates in the pathological condition of the brain, and the various scrofulous manifestations so invariably associated with idiocy. Two centuries ago, Dr. Sydenham wrote that convulsions of infancy resulted from diarrhœa. His words are, "Epilepsia vel *primo mense* aggreditur a frequentibus nemis alvi dejectionis, vel *circa* dentitionis tempus," etc. Dr. Ballard's position is, that "fruitless sucking" is the principal cause of diarrhœa in infants, and that idiocy is a state to which the child is reduced by the persistent drain which this discharge produces upon its system, ending in frequently recurring convulsions, and in ultimate loss of intellectual faculties if they survive the convulsions.

Whether these views be correct or not, in a pathological point of view, they are deserving of consideration, and should lead to a thorough investigation of the whole subject, and may suggest a reason why so large a proportion of the deaths set down in our weekly mortality reports are of children under one year. In his work on the "Institutions of Austria," Mr. Wilde states that the mortality in the Vienna Foundling Hospital had ranged from 60 to 95 per cent. during fifty years, and that throughout Austria infantile mortality is very great, and chiefly from abdominal diseases. As an explanation of this fact, he says, "each infant,

no matter whether it suckles at the breast or is spoon fed, is provided with a kind of artificial nipple called zuzel or zulp, and formed of a bit of linen, in which a piece of pap or bread and milk about the size of the thumb is bound up," and this the infant is left to suck at its leisure. The result is diarrhœa, and death or persistent convulsions and idiocy. We commend the subject to the investigation of those who have the charge of Children's or Foundling Hospitals, and would invite them to give the result of their observations to the profession.

Correspondence.

DOMESTIC CORRESPONDENCE.

MEETING OF THE BOARD OF MEDICAL EXAMINERS—INTERESTING PROCEEDINGS.

Messrs. Editors:—A Medical Board for the examination of all Surgeons or Assistant Surgeons, now acting as such in any regiment of volunteers raised in the State of Pennsylvania, convened in the chamber of the House of Representatives, in Harrisburgh, at 9 o'clock this morning, October 9.

The Board consisted of Dr. Wilmer Worthington, of Westchester, Dr. Traill Green, of Easton, and Dr. Wm. Corson, of Norristown.

Surgeon-General Henry Smith, presided.

Shortly after the body convened, his excellency Gov. Curtin entered the Chamber, and was conducted to the Speaker's platform, when he was introduced to the assemblage by Surgeon-General Smith, in the following remarks:

Gov. Curtin:—In obedience to your orders I have convened a State Board of Surgeons, whom I have now the pleasure of introducing to you as distinguished members of the medical profession—as citizens deeply interested in the welfare of Pennsylvania, and as the warm advocates of the Union now threatened by the traitors assembled around Washington. [Surgeon-General Smith here introduced the members of the Board personally to the Governor.] I also introduce to you the large body of candidates who have so energetically responded to the intimation that our brethren in arms for the maintenance of the Government were likely to require their professional services. Like the combatants in the Isthmean games, these gentlemen have been engaged in a generous rivalry, and hope to gain, at the hands of your excellency, that awardment that will give increased honor to the laurels hereafter to be won on the battle-field.

Gov. Curtin followed, and, in greeting the assembly, remarked that he was glad to see a gathering so large in number, and so respectable in ability, convened in response to the Surgeon-General. The posts for which they were about to be examined, were of the highest importance, and, in responsibility, ranked with any in the service. The army surgeon held in his hands the health of the soldier, and when wounded and bleeding, it becomes his duty to save his life if possible. Certainly such a duty requires the highest skill, and therefore the State has wisely provided for the selection to be made from among the ablest in the medical profession, and for this purpose this examination was instituted. Gov. Curtin thanked the physicians present for their promptness in responding to the call of duty and humanity, and then commended them to the impartiality of the Medical Commission before whom they were to be examined.

There were one hundred and sixty-five candidates present for examination, who, as they were arranged around the circular desks, busily engaged writing out the answers to the printed questions before them, presented a scene of lively interest.

The examinations this morning were confined to the practice of medicine and materia medica, while the afternoon session was devoted exclusively to examinations in anatomy and surgery.

D. Holmes.

NEW YORK CORRESPONDENCE.

Jus summum sæpe summa est malitia.—*Juvenal*

In obedience to the instincts of nature, and prompted by a desire to learn something new relative to mental aberration, I passed a most profitable evening at the Academy of Medicine, where—after Dr. Martin had finished his suggestive remarks concerning face presentation and the universal error of all illustrated works that represent the extension of the chin before the rupture of the bag of waters—a paper was read (by permission) by Dr. I. Parigot, late Commissioner of Lunacy, and Chief Physician of the establishment at Ghul, Brussels, on "Moral Insanity in relation to Criminal Acts."

The substance of the Doctor's remarks was of that character that a description, rendered necessarily concise, would not do justice to the subject. The most subtle and metaphysical distinctions, the various stages of mind wandering, the most delicate tests of a sound intellect, and the proper treatment of persons indirectly affected, at once revealed a storehouse of latent information, and laid bare to view the vast importance of sufficient evidence, and the rare faculty which, at times, may be found in the minds of those who undertake to elucidate its mysteries and explain the morbid changes of the brain!

It was indeed refreshing to look upon this subject from a healthy and foreign point of view. One fact may be mentioned, the Doctor maintained that no patient should be convicted of lunacy till after, not only an examination and decision, but that the physicians should write out carefully their opinions—the diagnosis, prognosis, and pathological conditions, physiologically considered. Dr. Brown, of the Bloomingdale Asylum, spoke at length and to the point. Judge Edmonds and Dr. Gillman maintained that we must not go beyond the science of the public mind. The paper will be printed in full, and also discussed.

A paper is to be read before the surgical section of the Academy, which, from what I know of its contents, will produce no little sensation on account of its honest purpose—unfolding the truths of anatomy—and strictly conscientious treatment. It will be entitled "The insertion of the Capsular Ligament of the Hip Joint and its relations to the study of Intracapsular Fracture of the Neck of the Femur," and is to be delivered on the third Friday in October, by the author, Dr. George R. Smith, who for the past year has been most assiduous in collecting facts, not only from the writings and letters of learned surgeons, but chiefly by direct dissection and a personal examination of the never-failing cadaver.

Yours, GOURMET.

ARMY CORRESPONDENCE.

An assistant-surgeon in one of the Massachusetts regiments, writing from Fort Albany, Va., to the Boston *Medical and Surgical Journal*, says.

"Excepting one week at Kalorama, we have been here since leaving Fort Warren. This fort (which, by-the-way, you may have visited) is situated on quite a high hill, or rather ridge, but is near enough to the lowlands for malaria to have a "right smart chance" at us. One of our companies has charge of Fort Runyon, two-thirds of a mile towards Long Bridge, on the low land; and another has charge of the Virginia half of the Bridge and Fort Jackson, situated at the end of the Bridge, and half a mile from Runyon. These two last-named localities are the chosen home of intermittent fever; the New York regiment preceding us there, reporting over four hundred cases in a month, occurring in not more than seven hundred men all told.

"When we came in possession of these forts, we found them all filthy to an extreme degree, especially Fort Albany. The New York regiment, while here, had no sinks for sick or well, officers or men; and it is no exaggeration to say that acres were so covered with filth and garbage, that only with the greatest difficulty could one walk with unsoiled boots, while the stench was absolutely sickening. By consent of the surgeon, I was appointed by the colonel a "Sanitary Commission," with unlimited authority as to the use of men, shovels, and teams, provided they could be spared from work on entrenchments, (which proviso hindered me considerably.) Borrowing a plough, I soon turned under a good top dressing upon about half an acre and a half, had ditches and sinks dug, and had the garbage of the cook-houses carted away and buried every day. That this labor was not thrown away, is proved by the fact that three of the eight companies at this place, though it was called by old residents "a mighty bad place for chills," have no one in the hospital, and the other five have but six. And so far as the labor and care were concerned—and there was not a little of both—I felt amply repaid when, a few days ago, Gen. McClellan stopped with his staff and escort to say that the camp of our regiment was the cleanest and best ordered of any one within his knowledge—that he considered it as a *model*, and always spoke of it as such.

"As soon as we came here, we, at the suggestion of an old army officer, had coffee distributed smoking hot to the men on guard during the night, and I think it has proved beneficial in warding off the effects of malaria. Having three forts, our men have a great amount of guard duty—each man often going on every other day for a week or two, and always twice a week. Recently, Gen. McClellan has ordered coffee in the morning, on rising, to all the men, which, however important, is, in my opinion, not so much so as that those out during the night should have it. We are now, in spite of all our precaution, having quite a number of cases of intermittent, though of a very mild type. Most of the cases get well in from three to six days: i. e., of the fever—not up to full strength—and we have not had more than three or four lasting over ten days. To-day we have fifteen in the hospital, nine being from the two companies at Runyon and Jackson, thirteen being intermittent; and, besides these, we have about a dozen very light cases reported 'sick in quarters.' Very few of our cases have any shaking, or decided chill, but commence with general feverish symptoms. Mild treatment (so mild as to excite the laughter of our neighbors from the West) has proved sufficient so far. A light emetic of ipecac, if the symptoms are severe; a little castor-oil, if any need for it seems to exist; and from six to ten grains of quinine a day, usually winds them up shortly—the quinine being continued in about three-grain doses per diem for a few days after the fever has left.

"Of typhoid, we have had but one well-marked case, which we left at Kalorama, (Columbia College Hospital,) when we came here, and which is now convalescent.

"Diarrhœa was quite prevalent at first, and we had a few light cases of dysentery; but of late we have had but very little of either.

"We have had three deaths—the first very sudden, during sleep, supposed to be "organic disease of the heart, as his father died in the

same way. The second died in the infirmary where he had been placed with fractured femur, at a time when an attack was daily expected; and the third was actually shot while on guard."

The surgeon of the 18th writes:—"You will be pleased to learn that our men are in good health. The staff-officers are all gentlemen and men of refinement. In such company one can cheerfully submit to toil, privation, and fatigue, and the many vexations inseparable from the breaking in of the 'Yankee sovereign' into a soldier. I recently amputated, through the metatarsal bone of the lesser toes, for a gun-shot wound, leaving the great toe. The stump is a beautiful one."

The surgeon of the 12th Regiment writes from Pine Camp, near Muddy Creek Ford, Md.:—"Since writing you, we have moved our camp from Darnestown to this place, six miles distant. We are now guarding one of the most important fords on the Potomac, and have to keep constantly on the alert, not knowing at what hour we may be attacked. Our camping ground is the most beautiful spot I ever saw—on a high, sandy ground, about a quarter of a mile from the Potomac, and surrounded by pine trees, very well protected from the miasmata rising from the river, and our picket guards have good buildings for headquarters. The men are in remarkable health, only four in hospital. In fact, we could not be more pleasantly situated, and I was never happier in my life."

Surgeon Otis, of the 27th Regiment, in camp at Springfield, writes:—"I am gratified to report the remarkably good health of our camp. There were to-night 689 men in quarters. I have three tents provided with rough but comfortable bunks, where I have treated the more serious cases of diarrhœa, which affected a number of the men commencing camp life during the inauspicious weather of the last week. The most serious case that has occurred is a peculiar one, of profuse pulmonary hemorrage, resulting from a blow on the lower lateral portion of the left chest, accidentalcy inflicted by the elbow of a comrade while they were drilling at double quick time. The patient, a robust subject, exempt from any obvious thoracic disease, is convalescing. I had a spare servant's room, and provided for him at my house. All my associates on the staff second my exertions for the proper sanitary regulation of the camp."

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Nitrate of Silver.—This article is now manufactured, it is said, by Dr. G. F. Parkison, a chemist, in Charleston, South Carolina.

The Richmond Inquirer of a late date says, a notable change has taken place in the character of our camp diseases. The prevalent typhoid fevers is far less virulent than formerly, and yields with comparative readiness to careful medical treatment and good nursing. Measles and ordinary fevers are also rapidly abating.

NEWS AND MISCELLANY.

Introductories.—The introductory lecture at the University of Pennsylvania will be delivered on Monday, Oct. 14, at 12, M., by William Pepper, M.D. At Jefferson Medical College, on the same day, at 8 P.M.

The introductory at the Philadelphia School of Anatomy and Operative Surgery, will be delivered on Thursday evening, Oct. 17, at 8, by D. H. Agnew, M.D. Subject—*Biographical Sketch of Baron Larey, Surgeon to Napoleon's army*.

The lectures in this school are given every evening in the week from 7 to 8 o'clock.

At the regular stated meeting of the Board of Guardians of the Poor, on Monday last, Dr. S. W. Butler was re-elected Physician of the Insane Department of the Pennsylvania Hospital for the ensuing vear.

The Naval Medical Board, composed of surgeons Lockwood, Wheelwright, and J. Y. Taylor, are in daily session at the Naval Hospital, Brooklyn, to examine candidates for the post of assistant-surgeon. Properly qualified medical men have now an opportunity of entering the navy under favorable circumstances. Candidates (who must not be over twenty-six years of age) should apply to the Hon. Gideon Welles, Secretary of the Navy, requesting permission to be examined, stating their age, places of birth and residence, accompanying their application with suitable testimonials of moral character. The examination is rigid but fair, upon such branches of professional knowledge as are taught in respectable medical schools.

The following list contains the names of successful candidates selected to fill vacancies created by recent increase of the corps. The number of vacancies yet remaining to be filled is about twenty-five:

J. W. Bragg, Mass.; Geo. R. Brush, N. Y.: Charles Carter, N. Y.; Steph. J. Clarke, N. Y.: E. R. Dodge, Pa.; R. T. Edes, Me.; S. R. Foreman, N. J.; Wm. F. Fort, N. Y.; J. H. Gunning, N. Y.; A. H. Hoebling, Pa.; J. H. Hazelton, N. H.; Edgar Holden, N. J.; Joseph Hagg, N. J.; William C. Hall, N. Y.; B. H. Kidder, Mass.; T. B. A. Lewis, N. Y.: Edward Kirchner, Md.; William B. Mann, N. Y.; J. Howell Mears, Pa.; E. D. Payne, Pa.; C. H. Perry, R. I.; B. F. Pierce, Me.; D. F. Ricketts, Md.; George T. Shipley, Mass.; Herbert Smith, N. Y.; C. E. Steadman, Mass.; D. M. Skinner, N. J.; T. Cameron Walton, N. Y.; Louis Zinzin, N. Y.

Vermont Medical Board.—The Board of Medical Examiners for this State consists of Samuel W. Thayer, Jr., M.D., Prof. Anatomy, etc., in the University of Vt.; Edward E. Phelps, M.D., LL.D., Windsor, Prof. Theory and Practice, etc., Dartmouth College, N. H., and Selim Newell, M.D., St. Johnsbury. The Board convened at the American House in Burlington,

on Tuesday last, Oct. 8th, at 9 o'clock A. M., for the purpose of examining such as applied for appointment to the medical staff of the Vermont Volunteer Militia. Constituted as this Board is, of men who are eminent in the profession, we are satisfied that the most thorough qualifications will be required in every candidate, and that the surgeons of the Vermont Volunteer Militia will rank well with those of any other State in the Union.

The number of sick in the several hospitals, at Washington, for the week ending Sept. 27, was 879, a slight decrease from the week previous. Of eruptive diseases there were 52 cases.

To Correspondents.

Postage Stamps.—Subscribers will please *not* send us the old style of stamps, as they are worthless to us, not being received for postage at the Office in this city. They will also please send us *only one* and *three* cent stamps. tf

Dr. L. E., Schenectady, N. Y.—Send $3 by mail. We share the risk, which is very small. If you want the "Hand-Book of Practice" send $3.60, and it will be returned by mail, pre-paid.

Dr. J. V. E., Pa.—The price of Ashton's Work on Diseases of the Rectum and Anus, etc., is $2. Send the money, and we will send the book by mail or express, as you direct.

Dr. M. R. H., N. Y.—We cannot afford to send you the Reporter on the terms you propose. Besides, it would be unjust to other subscribers. We are aware that our cotemporary pursues that course, but he will, in the end, be in every way the loser by it. We do not choose to follow the example. By the inclosed circular you see that we offer a very liberal and useful premium to subscribers, and would be glad to enrol your name among them.

Dr. J. H. D., Mass.—The postage on the "Hand Book of Practice" has to be *pre-paid by us*, so that *sixty cents* is all that it will cost you. The retail price of it is $1.25.

M. D.—Oxalate of cerium has been much used experimentally by practitioners for the purpose of allaying nausea and vomiting in pregnancy, and from other causes. But little evidence of its efficiency has been presented, whilst very many failures have been recorded. It would be well if those who have tried the article would report the result.

W. S.—Paralysis following diphtheria has frequently occurred. The powerful impression of the disease on the nervous system will account for it. A brief report of the cases will be acceptable.

H. P.—To become a candidate for membership in the Philadelphia County Medical Society, a physician must be a citizen of the county of Philadelphia, a graduate of at least three years' standing of a respectable medical school, a licentiate for a similar period of some approved medical institution, or a regular practitioner of at least fifteen years' standing, and of good moral and professional reputation. No physician, removing into the county, is eligible for membership until after he has been engaged one year in the regular practice of medicine within the county.

S. I.—Nothing further has been developed in regard to Kerosolene than what we have already published. Our own experimental experience with the article has not added much to our knowledge of its effects, but from a personal inhalation of it, we are disposed to state our appreciation of it as a very *disagreeable* anæsthetic.

Communications Received

Connecticut.—Drs. N. Brigham, A. H. Fagan, J. C. Bolles, W. Woodbridge, A. H. Hough, each with encl.; Dr. N. G. Hall; Dr. B. F. Harrison, with encl. *Delaware.*—Dr. G. P. Norris, with encl. *Illinois.*—Dr. D. Roberts, with encl. *Indiana.*—Dr. F. C. Eckleman, with encl. *Iowa.*—Dr. G. M. Staples, with encl.; Dr. H. Minges; Dr. J. Sprague; Dr. Wm. B. Blakesbury, with encl. *Massachusetts.*—Drs. T. P. Knox, G. W. Dennet, T. J. Stevens, C. Eastham, T. E. Francis, E. P. Somerby, J. C. Baker, (each all right.) Dr. J. C. Cornish; Dr. J. C. Baker, with encl. *New Jersey.*—Dr. J. S. Schenck; Dr. W. Pierson, with encl.; Dr. Marcy, with encl.; Dr. N. S. King, with encl.; Dr. J. B. Somers, with encl. *New York.*—Dr. L. Elwood; Dr. Louis Bauer; Dr. O. C. Gibbs; Dr. H. Mitchel, with encl.; Dr. C. G. Bacon, with encl.; Dr. M. R. Holbrook; Dr. J. Farrar; Dr. R. Orniston, with encl.; Dr. F. Bond, with encl.; J. R. Vanderveer, with encl. *Ohio.*—Drs. Jos. Merrill, E. Lynch, J. D. Skilling, each with encl. *Pennsylvania*—Drs. G. W. Hoover, J. W. Rugh, Jas. Parker, Jos. L. Cook, M. D. Hill, J. B. Livingston, F. H. Brower, J. V. Epler, R. Brown, Jacob Hay, J. M. Stevenson, H. Carpenter, B. F. Butcher, J. C. Yager, S. C. McCormick, H. S. Jacoby, J. M. Reichardt, A. Murphy, J. G. Crouse, P. R. Wagenseller, J. Montgomery, J. W. Mackey, each with encl.; Dr. D. Holmes. *Rhode Island.*—Dr. W. H. Wilber; Dr. P. Day.

Office Payments.—Drs. Whilden, Forwood, Burmeister, Martin, Price, Snively, Kelly.

VITAL STATISTICS.

Of Philadelphia, for the week ending Oct. 5, 1861:

Deaths—Males, 114; females, 102; boys, 65; girls, 70—Total, 216. Adults, 81; children, 135. Under two years of age, 77. Natives, 172; Foreign, 31. People of color, 13.

Among the causes of death we notice—Apoplexy, 3; convulsions, 12; croup, 5; cholera infantum, 6; cholera morbus, 0; consumption, 22; diphtheria, 4; diarrhœa and dysentery, 4; dropsy of head, 10; debility, 8; scarlet fever, 19; typhus and typhoid fever, 8; inflammation of brain, 4; of bowels, 4; of lungs, 13; bronchitis, 2; congestion of brain, 2; of lungs, 2; erysipelas, 1; whooping cough, 0; marasmus, 13; small pox, 6.

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Of Boston, for the week ending Sept. 28, 1861:

Deaths—Males 44; females, 36. Total, 80. Under five years of age, 49. Natives, 64; Foreign, 16.

Among the causes of death we notice—Phthisis, 10; cholera infantum, 16; croup, 0; scarlet fever, 4; pneumonia, 2; variola, 0; dysentery and diarrhœa, 2; typhus and typhoid fever, 2; diphtheria, 0.

Of Brooklyn.—The total number of deaths in that city last week was 107. The principal diseases were—Consumption, 12; cholera infantum, 19; marasmus, infantile, 13; convulsions, 0; diphtheria, 5, etc. Adults, 35; children, 72, of which 37 were under one year of age. Natives of the United States, 88; Ireland, 12; all other countries, 7.

Medical Directory.

Under this head we propose to give such information in regard to the Medical Colleges, Hospitals, and Societies of the City as we may be able.

Pennsylvania Hospital, Eighth, below Spruce. Entrance on Eighth street.
Medical Clinic on Wednesday's and Saturday's, at 10 A. M., by Dr J. F. Meigs.
Surgical do, at 11 A. M., by Dr. Geo. W. Norris.

Jefferson Medical College, Tenth, above Walnut.
Medical Clinic on Wednesdays and Saturdays, at 12 M., by Dr. R. Dunglison.
Surgical do., at 1 P. M., by Dr. S. D. Gross.

University of Pennsylvania, Ninth, below Market.
Medical Clinic on Wednesday's and Saturday's, at 12 M. by Prof. Pepper; at 1 P. M., by Prof. Smith.
Dispensary Service every afternoon at 3 P. M., by Drs. Dunton and Hodge.

Pennsylvania College of Dental Surgery.—Clinical Lectures Saturday's, at 3 P. M., by one of the Professors.